



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

September 12, 2003

In re Application of:
PowerCom Corporation.

* Atty. Doc. No. JA GARD US29

Serial No:

* ART UNIT Unknown

Filing Date: Sept 12, 2003

* Examiner: Unknown

Title: Uninterruptible Power Supply

*

ELECTION UNDER 37 C.F.R. §§ 3.71/ 3.73(b)

Commissioner for Patents
United States Patent and Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

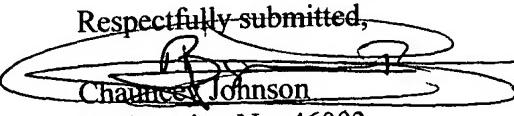
Sir:

The Assignee of the entire interest in the above-identified application by virtue of an assignment **being recorded** in the United States Patent and Trademark Office is set forth, hereby elects under 37 C.F.R. §3.71, to prosecute the application to the exclusion of the inventor(s).

Pursuant to 37 C.F.R. §3.73, the undersigned has received the evidentiary documents, specifically the Assignment to Powercom Corporation Ltd. and certifies that to the best of my knowledge and belief, title remains in the name of the Assignee.

Please address all correspondence to Johnson & Associates, P.C. at 14625 Baltimore Avenue #282, Laurel, MD 20707. It is submitted that should there be any problem with this filing, please call the undersigned attorney at (301)483-3300.

Respectfully submitted,


Charles E. Johnson

Registration No. 46003

(301)483-3300

Fax (301) 483-6791

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

 Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Att r n y Dock t Number JA-GAR/US 29

First Nam d Invent r Lian, Mou-Tang; Fan Ying-Yi

COMPLETE IF KNOWN

Application Number	/
Filing Date	09/12/03
Art Unit	
Examiner Name	

As the below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

An uninterruptible power supply socket

(Title of the *Invention*)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) as United States Application Number or PCT InternationalApplication Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

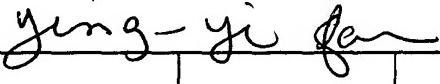
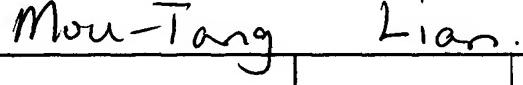
 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION- Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label	<input type="text"/>	OR	<input checked="" type="checkbox"/> Correspondence address below						
<p>Name Chauncey Johnson</p> <p>Address 14625 Baltimore Avenue #282</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">City Laurel</td> <td style="width: 20%;">State MD</td> <td style="width: 40%;">ZIP 20707</td> </tr> <tr> <td>Country U.S.A.</td> <td>Telephone (301) 483 - 3300</td> <td>Fax (301) 483 - 6791</td> </tr> </table> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statement is and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>						City Laurel	State MD	ZIP 20707	Country U.S.A.	Telephone (301) 483 - 3300	Fax (301) 483 - 6791
City Laurel	State MD	ZIP 20707									
Country U.S.A.	Telephone (301) 483 - 3300	Fax (301) 483 - 6791									
NAME OF SOLE OR FIRST INVENTOR		<input type="checkbox"/> A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any]) Ying-Yi		Family Name or Surname FAN									
Inventor's Signature				Date, 08/03/03							
Residence: City TAIPEI	State TAIWAN	Country TAIWAN	Citizenship Taiwanese								
Mailing Address 8F 246 Lian-Chen Rd. Chung-Ho City											
City TAIPEI	State TAIWAN	ZIP	Country TAIWAN								
NAME OF SECOND INVENTOR:		<input type="checkbox"/>	A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) Mou-Tang		Family Name or Surname Lian									
Inventor's Signature 				Date 08/03/03							
Residence: City TAIPEI	State TAIWAN	Country TAIWAN	Citizenship Taiwanese								
Mailing Address 8F 246 Lian-Chen Rd Chung-Ho City											
City TAIPEI	State TAIWAN	ZIP TAIWAN	Country Taiwanese								
<input type="checkbox"/> Additional inventors are being named on the <input type="checkbox"/> supplemental Additional inventor(s) sheet(s) P PTO/SB/02A attached hereto.											

Please type a plus sign (+) inside this box +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Lian, Mou-Tang
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	JA-GAR/US29

I hereby appoint:

Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

Name	Registration Number
Chauncey Johnson	46,003

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Johnson & Associates, P.C.			
Address				
Address	14625 Baltimore Avenue #282			
City	Laurel	State	MD	Zip 20707
Country	U.S.A.			
Telephone	(301) 483 - 3300	Fax	(301) 483 - 6791	

I am the:

Applicant/ inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	CHANG, FUNG-HAO
Signature	CHANG, FUNG-HAO
Date	08/03/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.